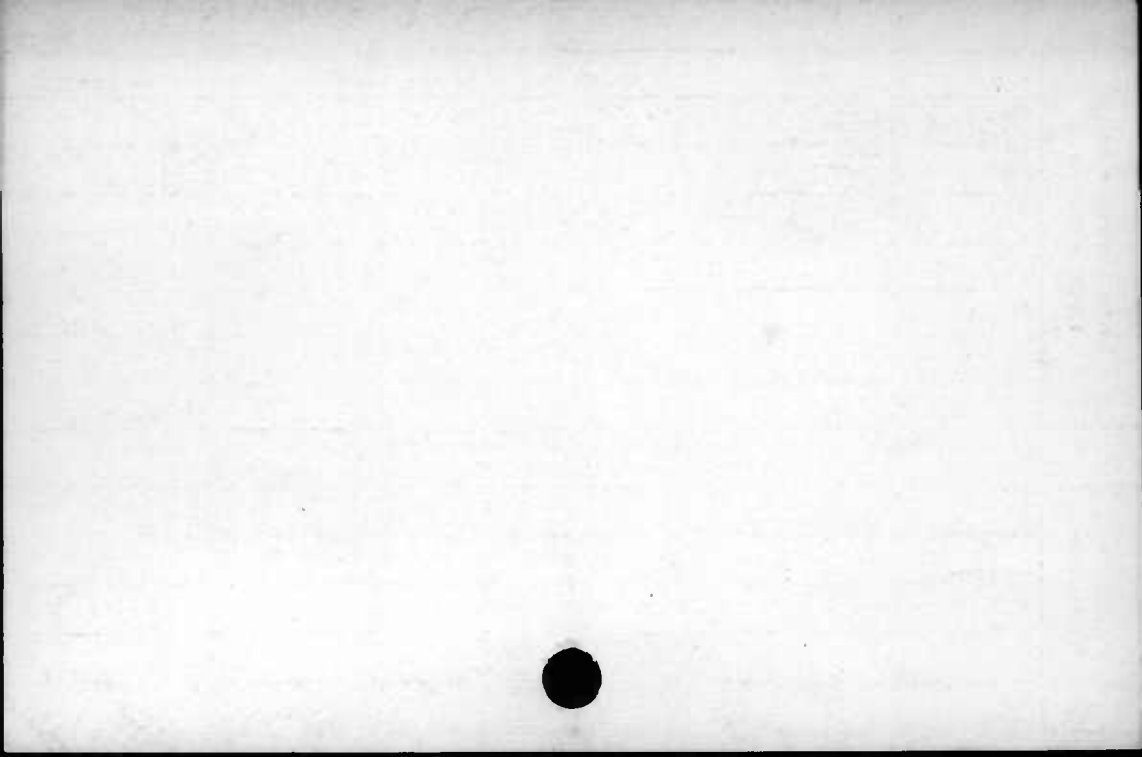
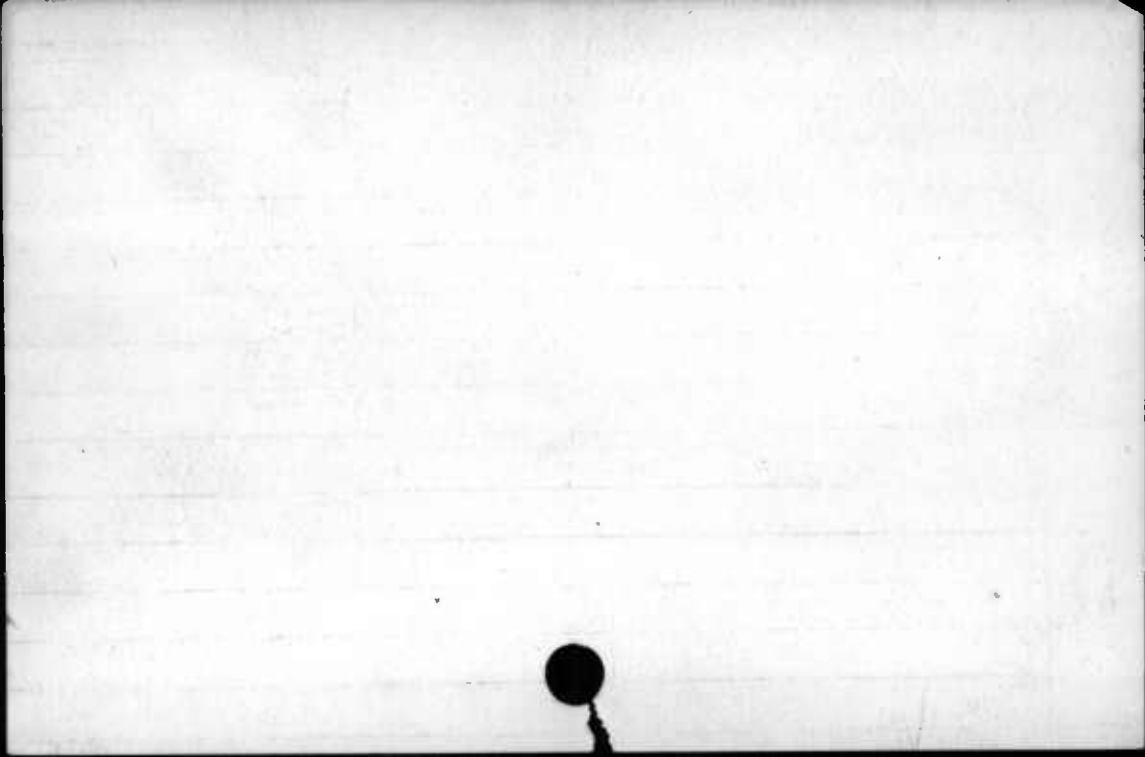


Name in Full		George Albright				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sonsconing	County Allegany		MARYLAND			
		Date of death		1906	Month April	Day 21	Age Years —	Months —	Days 2	
		Sex		Male		Color or Race		White	Birth- place	Sonsconing
		Occupation		none		Where Residing if not at place of death				
		Married, Single or Widowed		Single		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Hiram Albright		Father's Birthplace	Sonsconing	
		Mother's Maiden Name				Agnes Scollick		Mother's Birthplace	Sonsconing	
		Name of person giving In formation				Hiram Albright		How related to deceased	Father	
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Prematurely (151)		How long		2 days		
		Immediate								
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician				
		Accident or Suicide?		no		Address				
								Sonsconing Maryland		



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		allegany		MARYLAND			
		Date of death		1906	Month	April	Day	22	Age	81	
								Years	Months	Days	
		Sex		Female		Color or Race		White		Birth-place	Bavaria Germany
		Occupation		Housewife		Where Residing if not at place of death		With Mother			
		Married, Single or Widowed		Widow		Name of Wife or Husband		deceased			
		Father's Name				Father's Birthplace		Ga			
		Mother's Maiden Name				Mother's Birthplace		Ga			
Name of person giving information		Louisa Gorman		How related to deceased		Daughter					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Debility - 7 age		(154)		How long		1 yr	
		Immediate		Exhaustion				How long		1 day	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. L. Broadbent, M.D.			
						Address		Cumberland, Md.			
		Accident or Suicide?		No							



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Frostburg</i>		<i>County</i> <i>Allegheny</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>4</i>	Day <i>14</i>	Age <i>48</i>	Years <i>8</i> Months <i>-</i> Days <i>-</i>	
	Sex <i>F.</i>	Color or Race <i>N.</i>		Birth-place <i>Md.</i>		
	Occupation <i>N. N.</i>		Where Residing if not at place of death <i>-</i>			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name			Father's Birthplace		
	Mother's Maiden Name <i>Annie Norris</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James Fuller</i>			How related to deceased <i>Son-in-law</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>		<i>(64)</i>		How long	
	Immediate				How long <i>3 hours.</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. M. Lane</i>			
			Address <i>Frostburg Md.</i>			
Accident or Suicide?						

G. H. M.



Name
in
Full

Way A Blank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Ind</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>19</i>	Age <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>1850.</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Blank</i>				
Father's Name <i>Jos Davis</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mercy Appleton</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John Blank</i>	<i>(33)</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Purpural Fever Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Multiple Abscesses - Echinococcus</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Grier</i>
	Address <i>Frostburg Ind.</i>
Accident or Suicide?	

From
ally

Name
in
Full

Francis M. Bain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt'd Town Accugay County MARYLAND

Date of death 1906 Month Apr Day 27 Age — Years — Months — Days 3

Sex Female Color or Race White Birth-place Cumt'd

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameClarence B. Bain (150)Father's
BirthplaceBerkely W. Va.Mother's
Maiden NameEdith ThompsonMother's
Birthplace" "Name of person giving
InformationClarence B. BainHow related
to deceasedFather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Failure of Closure
of Foramen Oval

How long

2 ds.

Immediate

How long

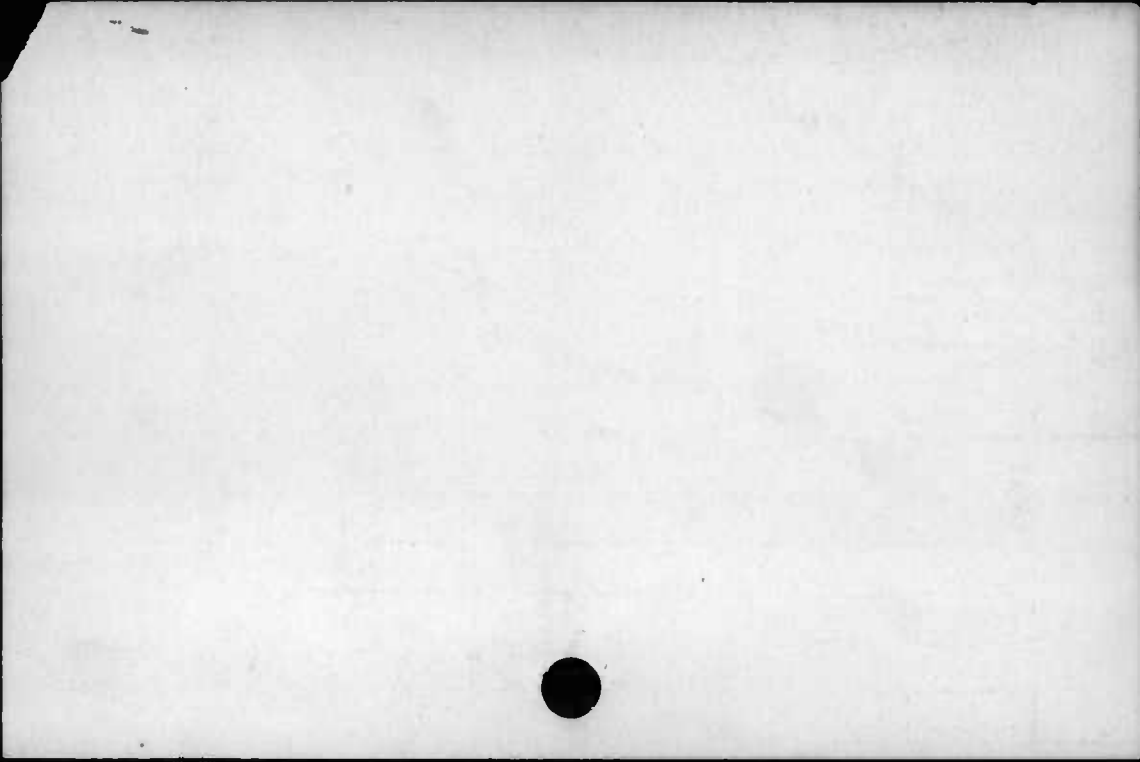
"Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianDr. C. B. Claybrook

LOUIS STEIN.

Address

Cumt'd
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Thomas Leander

Died at Westport

County

Allegheny

MARYLAND

Date

of death 1906

Month

Day

19

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Westport Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Lola Leander

Father's
Name

John Leander

Father's
Birthplace

Indiana

Mother's
Maiden Name

Lola Leander

Mother's
Birthplace

Indiana

Name of person giving
information

Miss Leander

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Manacurus

How long

Immediate

X

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. D. Shupe
Westport

M. D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

$$\begin{array}{r}
 2800 \\
 290 \\
 \hline
 3090
 \end{array}$$

$$\begin{array}{r}
 1325 \\
 130 \\
 \hline
 1195
 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Cassidy

MARYLAND

Died at *Timon* Town

County

Allegheny

Date

of death *1906*

Month

Apr

Day

22 Age

Years

70

Months

Days

Sex

*male*Color or
Race*White*Birth-
place*Ireland*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*—*Father's
Birthplace*—*Mother's
Maiden Name*—*Mother's
Birthplace*—*Name of person giving
In formation*Peter Wilson*How related
to deceased*Steward always
house.*

CAUSES OF DEATH

Primary

*Old age**(154)*

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr Wm. F. Twigg
Twigg, Penn
Md.*

LOUIS STEIN,

Accident or Suicide?



Name
in
Full

Nettie Cheney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtosh and</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>24</i>	Age	Years <i>25</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtosh and</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Cumtosh and</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Richard B. Cheney</i>		
Father's Name	<i>William Nicholas</i>					Father's Birthplace	
Mother's Maiden Name	<i>Mary Martin</i>					Mother's Birthplace	
Name of person giving information	<i>Richard Cheney</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

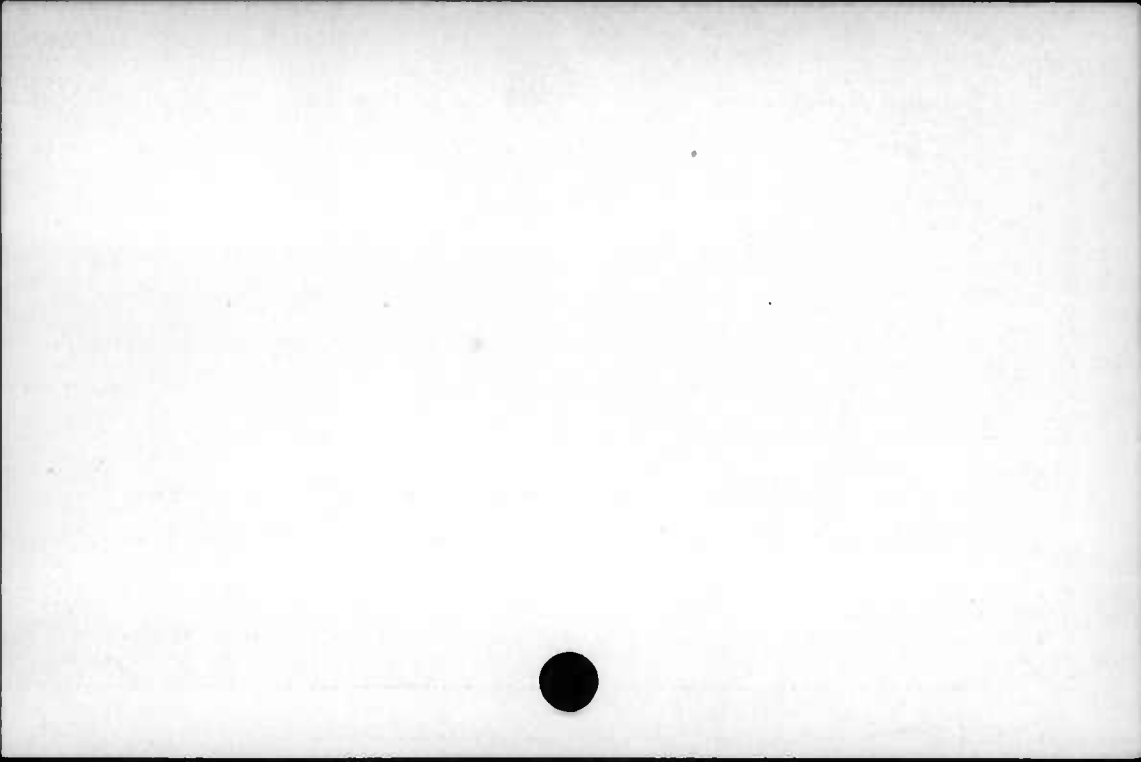
Primary	<i>Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. H. White</i>
<i>Yes</i>		Address	<i>Cumtosh and Ind</i>
Accident or Suicide?			



Name in Full		Cale		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Firthumy		County	
	Date of death	1906	Apr.	23	Age
	Sex	Male	Color or Race	Colored	Birth-place
	Occupation	—		Where Residing if not at place of death	—
	Married, Single or Widowed	—		Name of Wife or Husband	—
FATHER'S NAME	George Cale		Father's Birthplace		Firthumy
	Mother's Maiden Name		Mother's Birthplace		Firthumy
	Name of person giving information		How related to deceased		None
	Fredrick Shoul				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Scrophula		How long	Several months
	Immediate	Tubercular meningitis		How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	C. C. C. C.
	Accident or Suicide?	No		Address	Firthumy



Name in Full		Elizabeth Collins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt Saray		County Alleghany		
		Date of death 190		Month 6 April	Day 1	Age Years 18	Months 2	Days
		Sex		Female		Color or Race		White
		Birth- place		Mt Saray				
		Married, Single or Widowed		Single		Occupation Housegirl		
Name of Wife or Husband								
Father's Name		Silas Collins				Fether's Birthplace		
Mother's Maiden Name		Martha Bennett				Mother's Birthplace		
Name of person giving In formation						How related to deceased		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>								
PHYSICIAN OR CORONER		Primary				How long		
		Serious Coughing spell				a few minutes		
		Immediate				How long		
		Heart Failure				a few minutes		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician				
				Address				
Accident or Suicide?		Accident		F. Alan G. Murray				
				Mt Saray Ind				



Name

in
Full

Chris. A. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Timberland</u>		Town <u>Accugany</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>4</u>	Day <u>10</u>	Age <u>35</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <u>Wm Cook</u>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

Primary <u>Killed by car</u>	How long <u>166</u>	immediate
Immediate	How long	

PHYSICIAN
OR CORONER

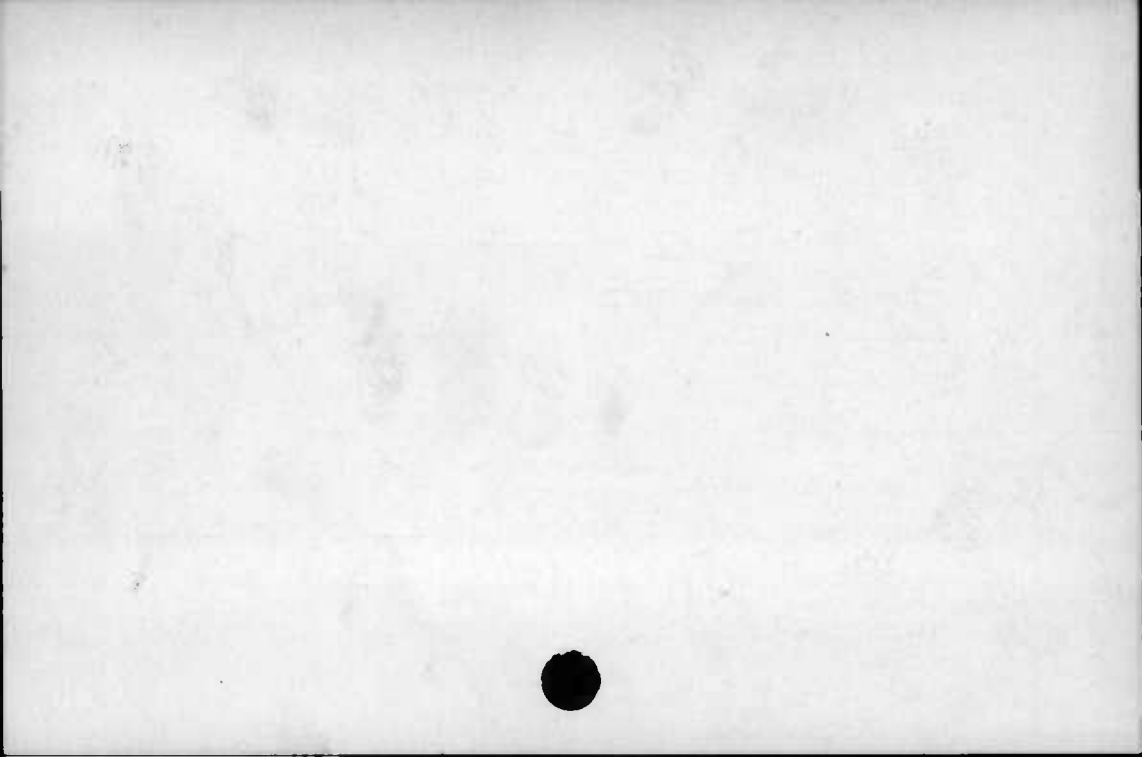
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Wm H. Lumbert, Jr.
Accugany



Name
in
Full

CERTIFICATE OF DEATH

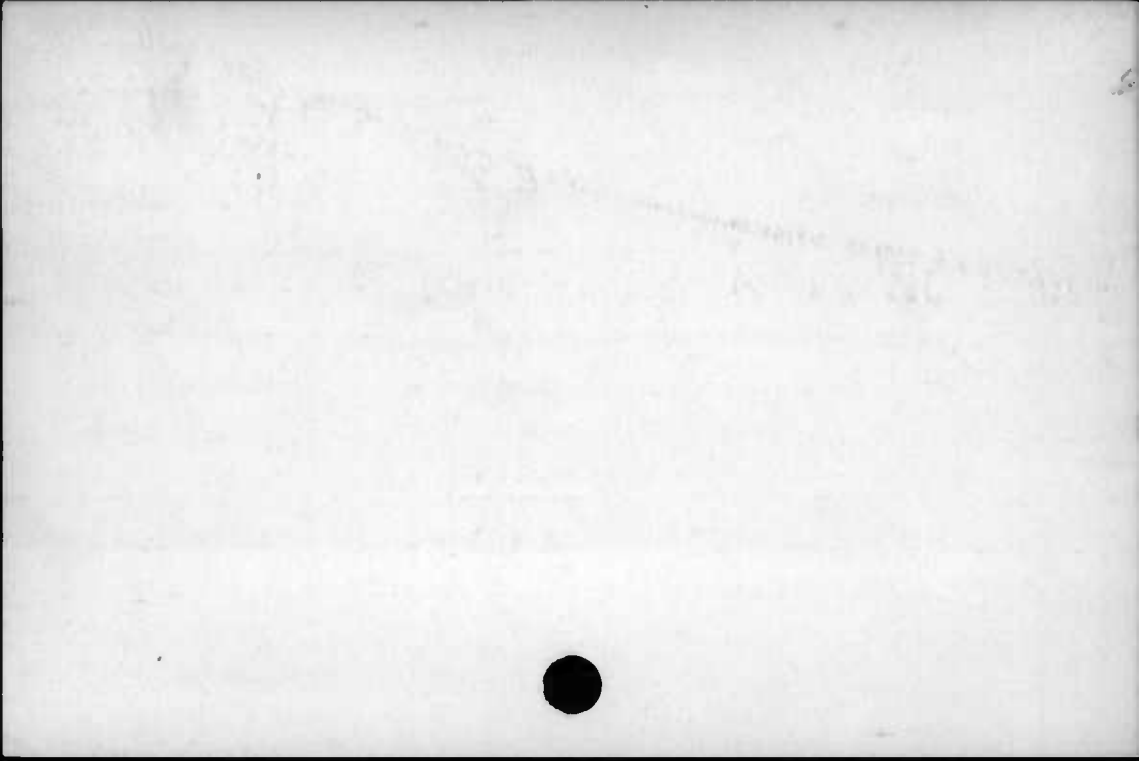
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Wm. Sprague* *Wm. Sprague* County *Allegheny* *MARYLAND*
 Date of death *1906* *Apr* *5* Age *1* Months *1* Days *1*
 Sex *Female* Color or Race *White* Birth-place *Wm. Sprague Md.*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Wallace S. Sprague* Father's Birthplace *Wm. Sprague Md.*
 Mother's Maiden Name *Laura C. Browning* Mother's Birthplace *Wm. Sprague Md.*
 Name of person giving information *W. S. Sprague* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Belonged to labor* How long *1 day*
 Immediate *Continued on hand from labor* How long *1 day*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Edward L. Lunsford*
 Address *Wm. Sprague Md.*
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> ^{Town} <i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Apr.</i> ^{Day} <i>11</i>	Age	<i>78</i> ^{Years} <i>2</i> ^{Months} <i>9</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>None</i>	Birth-place	<i>England</i>
Where Residing if not at place of death		<i>None</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Amelia Crump</i>
Father's Name	<i>William Crump</i>	Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Ann Crump</i>	Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Samuel Green</i>	How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Similar debility</i>	How long	<i>Several years</i>
Immediate	<i>Gastro-enteritis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Cohen</i>
	<i>No</i>	Address	<i>Brooklyn, Md.</i>
Accident or Suicide?	<i>No</i>		

47 Co

Alley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

27 2

July

Name
in
Full

CERTIFICATE OF DEATH

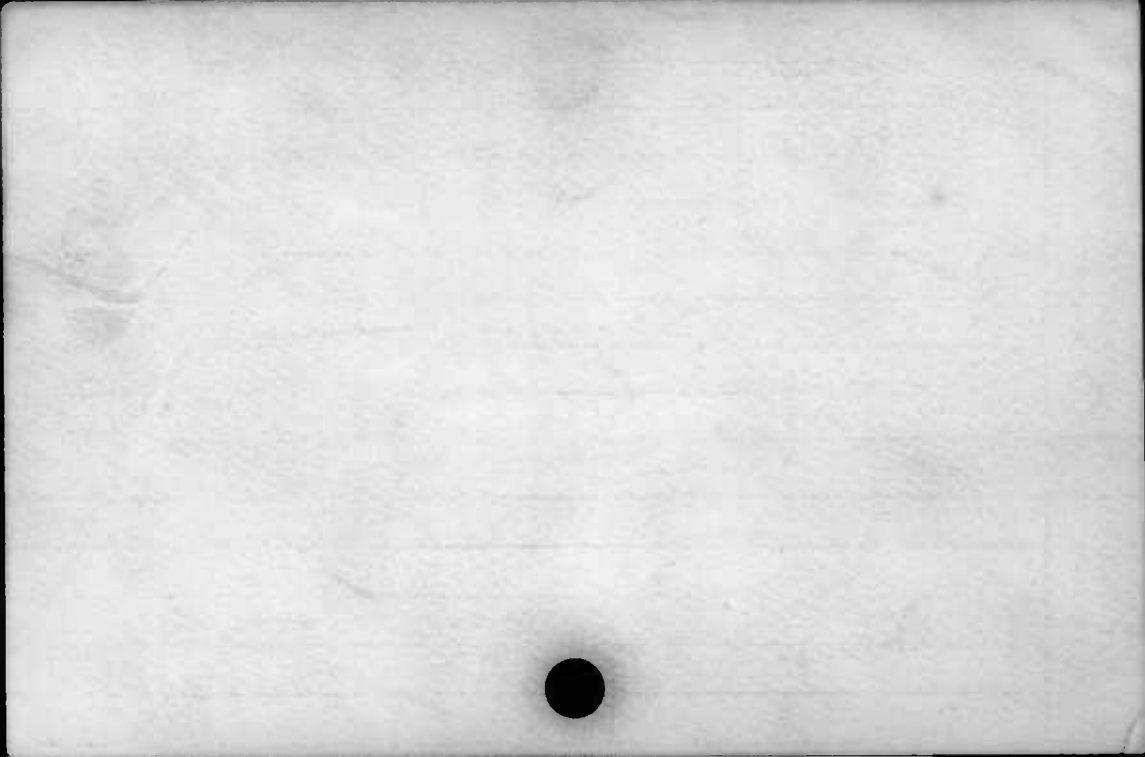
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hesterport</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>4</i> ^{Month}	<i>5</i> ^{Day}	Age <i>4</i> ^{Years}	<i>—</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Hpt.</i>			
Married Single or Widowed <i>single</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Doremmer</i>			Father's Birthplace <i>Cumbldg</i>		
Mother's Maiden Name <i>Lillian</i>			Mother's Birthplace <i>— Pa</i>		
Name of person giving information <i>John</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach</i>	How long <i>3 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Long</i>
	Address <i>Piedmont W.C.</i>
Accident or Suicide? <i>no</i>	



Name

in
Full

Cathrine Dill

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Cumberland*

Date

Month

Day

Years

Months

Days

of death 1906

Apr

16

Age

76

-

-

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Wife

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

Christopher Dill

Father's
Name

Father's
BirthplaceMother's
Maiden Name

Mother's
BirthplaceName of person giving
In formation

Christopher Dill

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Nephritis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

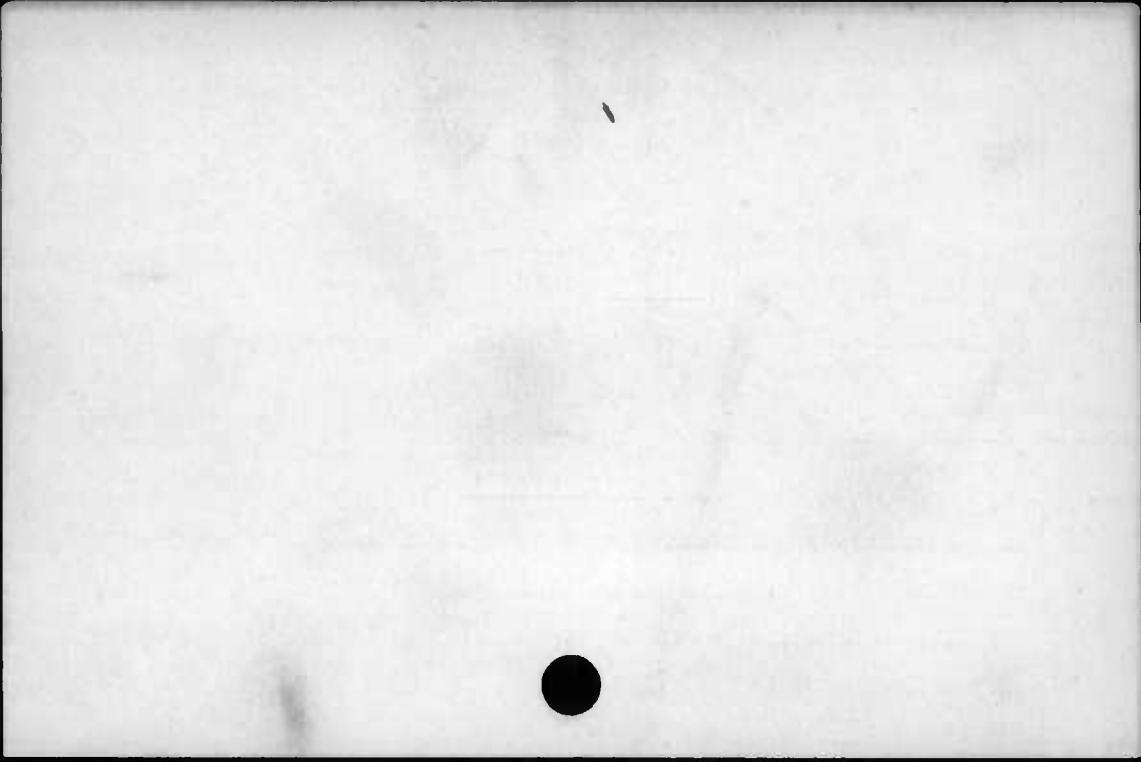
Address

Dr Jas T Johnson
John Cumberland
Md

Accident or Suicide?

LOUIS STEIN.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John J. Eagan*

Town *Westonport* County *Allegheny* MARYLAND

Died at *Westonport*

Date of death *1906* Month *4* Day *3* Age *27* Years *7* Months *5* Days *5*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Coal Miner* Where Residing If not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Michael Eagan* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary McPade* Mother's Birthplace *Ireland*

Name of person giving information *Lizzie Eagan* How related to deceased *Sister*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Tuberculosis* How long *1 year*

Immediate *i* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *P. L. Wilson*

Address *Bedmont St. W.*

Accident or Suicide? *✓*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George W. Eichner*

Died at *Cumberland* Town *Alleghany* County *MARYLAND*

Date of death *1906* Month *Apr* Day *8* Age *36 1/2* Years Months *3* Days *H*

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *R.R. Brakeman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *Cristina* Mother's Birthplace *—*

Name of person giving information *Ed. J. Eichner* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningitis* How long *13 wks.*

Immediate *Epidemic* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Thos. McDonald*

Address *Cumberland Md.*

LOUIS STEIN.

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

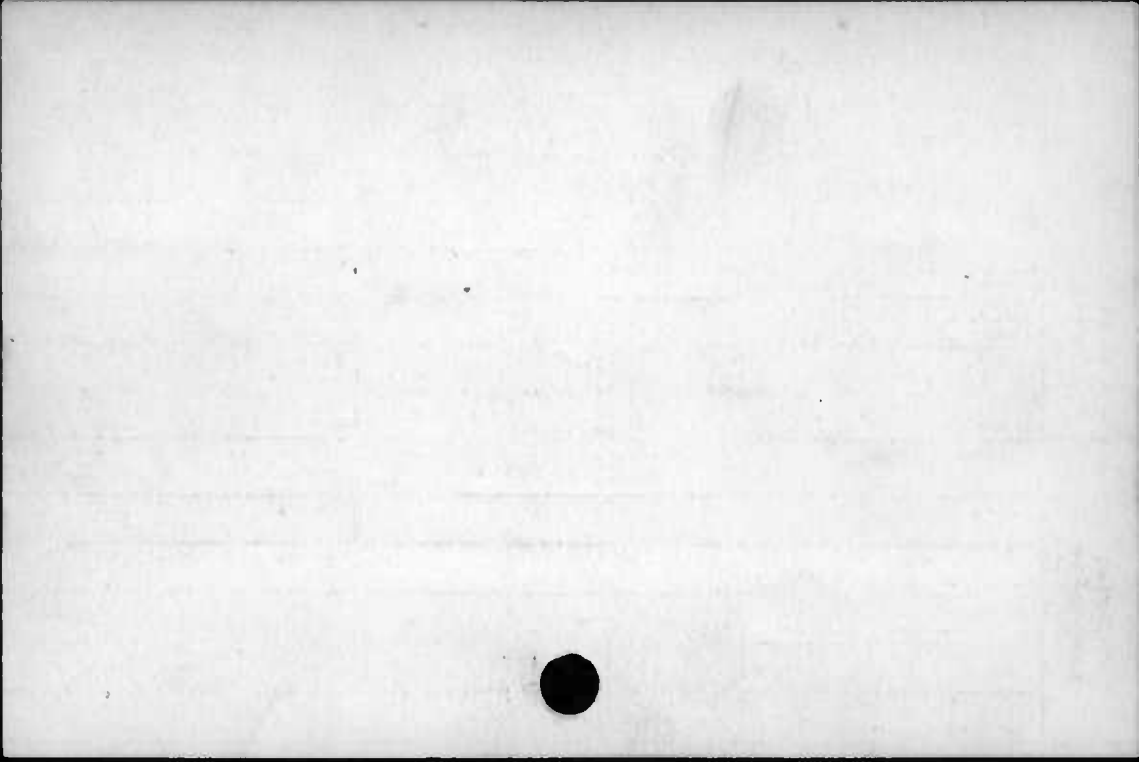
Patricia Follia

Died at <i>W. Md Hospital - Berwind</i>		Town <i>anney</i>		County		MARYLAND	
Date of death	1906	Month	<i>Apr</i>	Day	27	Years	Age 30.
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Hungary</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		<i>Berkeley Spring</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Marie</i>		
Father's Name	<i>—</i>					Father's Birthplace	
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	
Name of person giving information	<i>Henry Freedman</i>					How related to deceased	<i>none</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Return</i>	How long	<i>2 days</i>
Immediate	<i>Epilepsia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Noble M.D.</i>	
LOUIS STEIN.		Address <i>Londonland</i>	
Accident or Suicide? <i>Berkeley Springs, W. Va.</i>			



Name
in
Full

Charles David Yates

CERTIFICATE OF DEATH

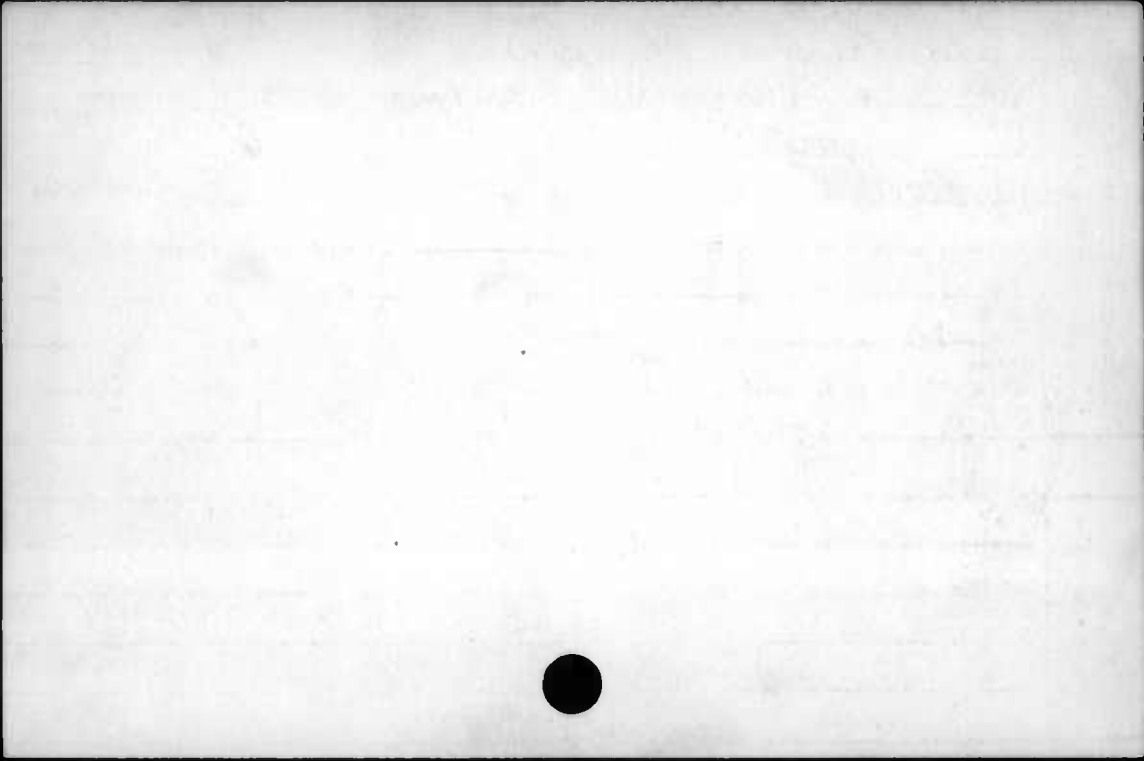
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumt</u> Town		County <u>accugany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>5</u>	Age	Years <u>6</u>	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>Cobard</u>		Birth-place <u>Cumt</u>		
Occupation			Where Residing if not at place of death <u>Cumt</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Edward</u>			Father's Birthplace <u>Cumt</u>		
Mother's Maiden Name <u>Yentrued Redman</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Edward Yates</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Two days</u>
Immediate <u>Heart failure</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. J. M. H. H. H.</u>
<u>yes</u>	Address <u>25 W. Liberty St.</u>
Accident or Suicide? <u>"</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJoe Gibbs
Town

County

MARYLAND

Died at *Elms Home**Allegany*

Date

of death 1906

Month

April

Day

3

Years

Age 20.

Months

—

Days

—

Sex

*male*Color or
Race*White*Birth-
place*Little Orleans.*

Occupation

*Laborer*Where Residing if not
at place of death

—

Married, Single
or Widowed*Widower*Name of Wife or
Husband

—

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Old Age & General Debility

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. W. F. Turgay*

Address

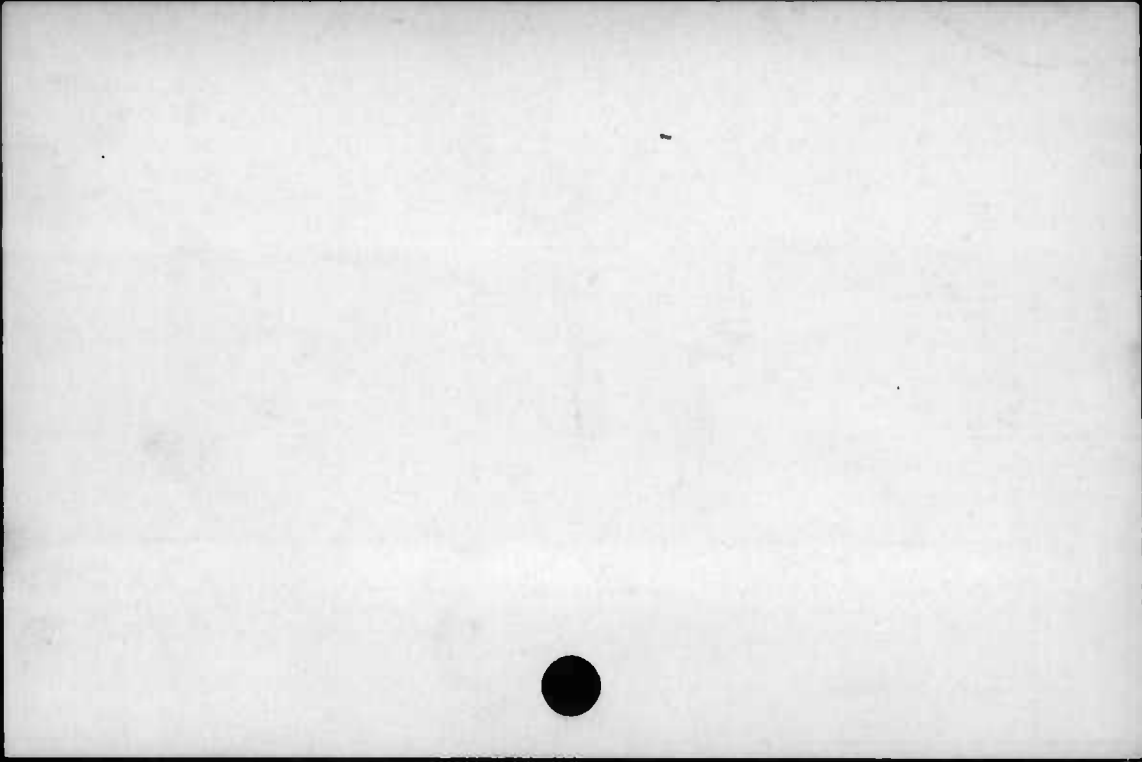
Cumberland

LOUIS STEIN.

*Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William H. Green</i>		Town <i>Moscow Mills</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Moscow Mills</i>		Month <i>April</i>		Day <i>1</i>		Years <i>5-8</i>	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>1</i>		Years <i>5-8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Moscow Mills</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Poland</i>					
Father's Name <i>Robert Green, Sr.</i>		Father's Birthplace <i>Moscow Mills</i>					
Mother's Maiden Name <i>Isabella Whitell</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Wm. H. Green</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Pneumonia (tubercular)</i>	How long <i>Six months</i>
Immediate <i>Aspiration</i>	How long <i>Five weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling, M.D.</i>
	Address <i>Lisiansky</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Dorothy Groves.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camtnd</u>			County <u>Allegheny</u>			MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u>	Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Camtndland</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>George Groves</u>				Father's Birthplace <u>Camtnd</u>			
Mother's Maiden Name <u>Louisa Sanston</u>				Mother's Birthplace <u>W. Va</u>			
Name of person giving information <u>George Groves</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Empysem</u>	How long <u>1 WEEK</u>
Immediate <u>Cold</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Patterson</u>
	Address <u>Foghtman</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Josephine Herpich

Town

County

MARYLAND

Died at *Cumtad*

Date

of death *1906*

Month

Apr

Day

24

Age

Years

10

Months

5

Days

19

Sex

*Female*Color or
Race*White*Birth-
place*Cumberland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Louis Herpich*Father's
Birthplace*Eckhardt Md*Mother's
Maiden Name*Katie Donagon*Mother's
Birthplace*Rawling Si Md*Name of person giving
In formation*Louis Herpich*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Paralysis

How long

11 months.

Immediate

Exhaustion

How long

*Several days.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Edward Harris*

Address

Cumberland

Accident or Suicide?

*Louis Stie**Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs. Virginia Lee Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Apr</u> ^{Month}	<u>6</u> ^{Day}	Age <u>70</u> ^{Years}	<u>21</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Duffield's</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Cumberland</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm Johnston</u>				
Father's Name <u>Wm. Hill</u>	Father's Birthplace <u>Ireland</u>		Mother's Birthplace <u>U.S.</u>		
Mother's Maiden Name <u>Miss Washington</u>	Name of person giving information <u>E.R. Johnston</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary <u>Arterial hemorrhage</u>	How long <u>3 days</u>
Immediate <u>—</u>	How long <u>—</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. N. Wiley.Cumberland, Md.

Accident or Suicide?



Name
in
Full

William Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Borden* ^{Town} *Shaft**Allegany* ^{County}

MARYLAND

Date of death *1906* ^{Month} *April**27* ^{Day}Age *30* ^{Years}

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Pompey*Occupation *miner*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Peter Kelly*Father's
Birthplace*Edinburg*Mother's
Maiden Name*Annie Kelly*Mother's
Birthplace*Ind.*Name of person giving
In formation*John Park*How related
to deceased*bro-in-law*

CAUSES OF DEATH

Primary

Shock - following resuscitation

How long

10 hours

Immediate

of gangrenous gut

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. A. Grier

Accident or Suicide?

G.M.

Name
in
Full

Francis Xavier Laing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtold</i>		Town <i>Cumtold</i>		County <i>allegany</i>		MARYLAND	
Date of death	1906	Month	apr	Day	7	Age	59
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		Months <i>4</i>	
Occupation <i>Watchman</i>		Where Residing if not at place of death		-			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine</i>					
Father's Name <i>---</i>		Father's Birthplace					
Mother's Maiden Name <i>---</i>		Mother's Birthplace					
Name of person giving information <i>Francis Joseph Laing</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis, Fractured Legs, Fractured Arms</i>	How long <i>repeatedly 2 yrs</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. B. Leary, M.D.</i>
	Address <i>Cumtold Md</i>
Accident or Suicide?	LOUIS STEIN.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>22</i>	Age <i>51</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Wd</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Sauer</i>			Father's Birthplace <i>Wd</i>		
Mother's Maiden Name <i>Sauer</i>			Mother's Birthplace <i>Wd</i>		
Name of person giving information <i>Chas. Sauer</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>1 wk</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Davis</i>
	Address <i>Frederick</i>
Accident or Suicide?	

47 Q

Name

in
Full

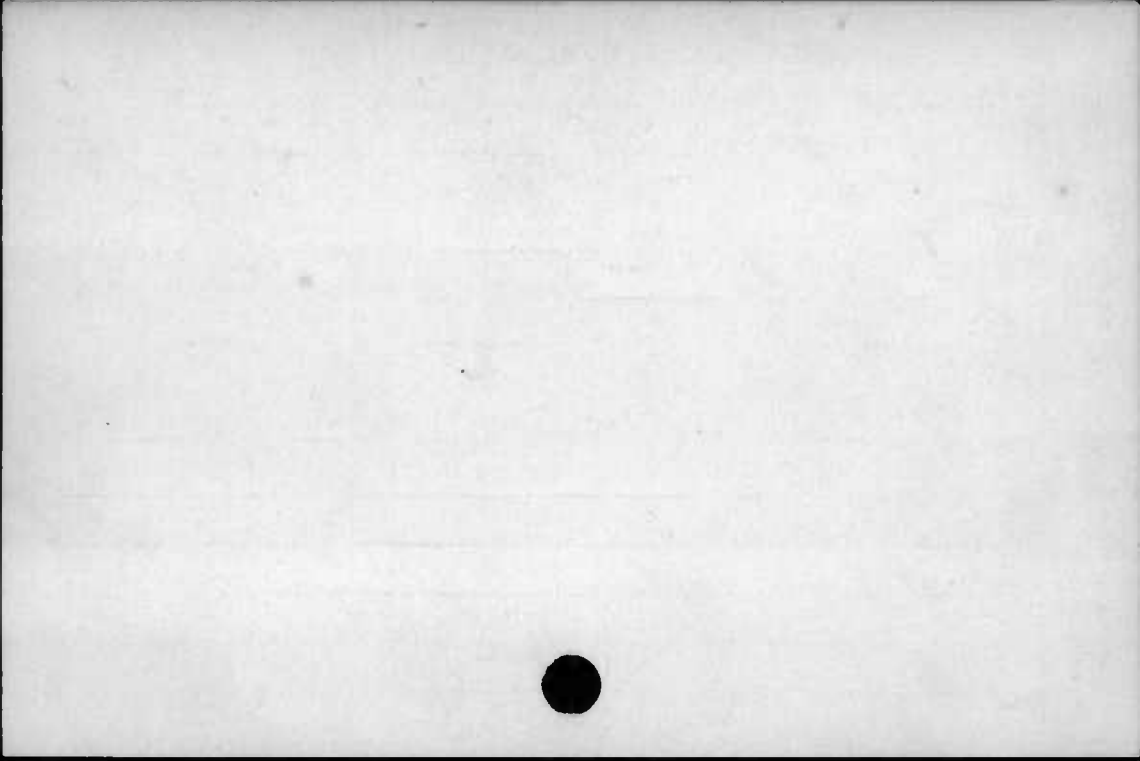
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Lanacoming</i> Town <i>Alligum</i> County		MARYLAND	
Date of death	<i>1906 April 12</i>	Age	<i>61</i> Years <i>7</i> Months <i>—</i> Days
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>Housewife</i>	Birthplace	<i>Scotland</i>
Married, Single or Widowed	<i>Widowed</i>	Where Residing if not at place of death	<i>James P. Lee (deceased)</i>
Father's Name	<i>—</i>	Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>	Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Tom Lee</i>	How related to deceased	<i>Son</i>

CAUSES OF DEATH

Primary	<i>Carcinoma of Uterus</i>	How long	<i>One year</i>
Immediate	<i>Emphysema</i>	How long	<i>About two months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Skilling M.D.</i>
		Address	<i>Lanacoming</i>
Accident or Suicide?	<i>yes</i>		



Name in Full		Town		County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frostburg		Allegany		MARYLAND		
		Date of death		1906	Month	Apr	Day	27	Age	76
								Months	21	
		Sex		Female		Color or Race		White		
		Occupation		Housewife		Birth-place		Germany		
		Married, Single or Widowed		Widow		Name of Wife or Husband		George J. Semmer		
		Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace						
Name of person giving information		Henry Semmer		How related to deceased		Son				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Acute indigestion		How long		104 18 hours		
		Immediate		Exhaustion		How long				
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. C. C. C. C.		
						Address		Frostburg, Md.		
Accident or Suicide?		No								

Edmund E. Mayer

Troy Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James McAtter* Town *Brookring* County *Allegany*

Died at *Brookring*

Date of death *1906* Month *4* Day *5* Age *64* Years Months *—* Days *—*

Sex *male* Color or Race *Caucasian* Birth-place *Ireland*

Occupation *miner* Where Residing If not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *May McAtter*

Father's Name *John McAtter* Father's Birthplace *Ireland*

Mother's Maiden Name *Alice McAtter* Mother's Birthplace *Ireland*

Name of person giving information *John McAtter* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 wk -

Immediate

u

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

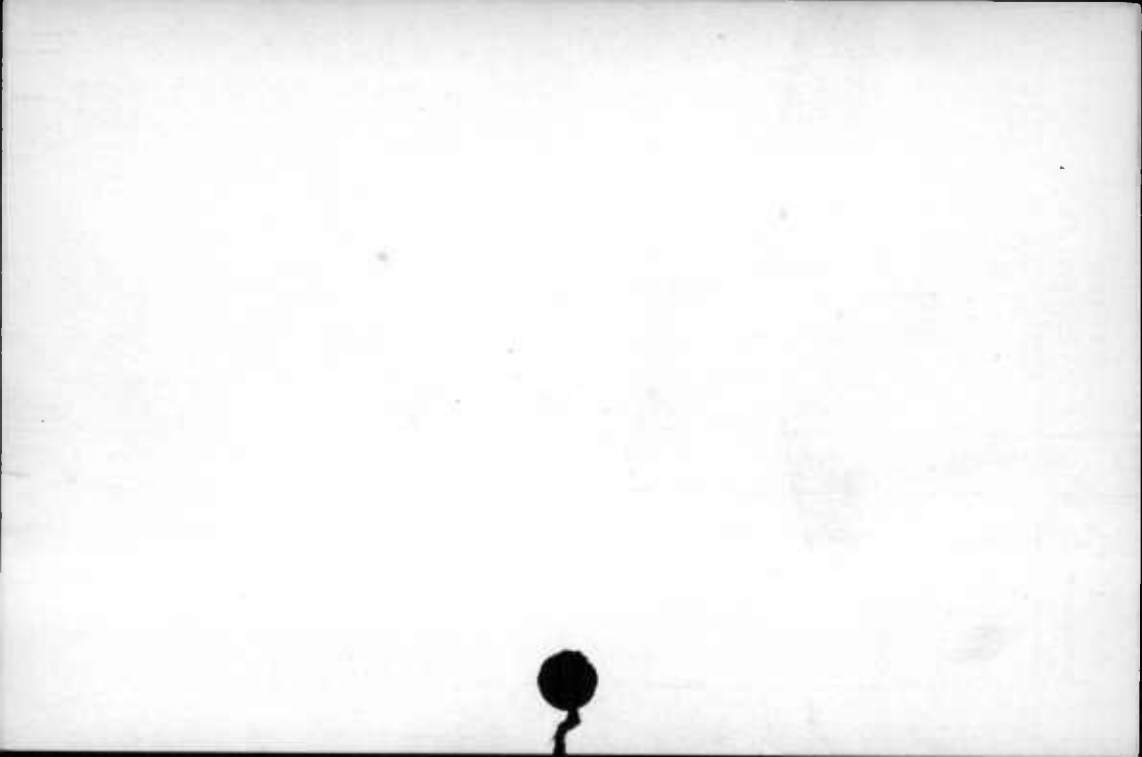
yes

Signature of Physician

Address

J. DeMaorley
Brookring
Wd

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *L. J. Mc Gowen*

Town *Allegheny Hosp^l Camb^l, Allegheny Co.* County *Allegheny Co.*

Died at *Allegheny Hosp^l Camb^l, Allegheny Co.*

Date of death *1906* Month *4* Day *16* Age *21* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Sidling Hill*

Occupation *Game Keeper* Where Residing if not at place of death *Linburg, W. Va.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Mc Gowen* Father's Birthplace *San Johns River*

Mother's Maiden Name *Ellen Fitzpatrick* Mother's Birthplace *St Cacapon*

Name of person giving information *Ellen Fitzpatrick* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Accident, struck by train* How long *16*

Immediate *Shock following accident* How long *14 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. L. Shabo M. D.*

Address *Cumbersland*

Accident or Suicide? *Accident*

PHYSICIAN
OR CORONER



Name
in
Full

Stanley Earl Miller

CERTIFICATE OF DEATH

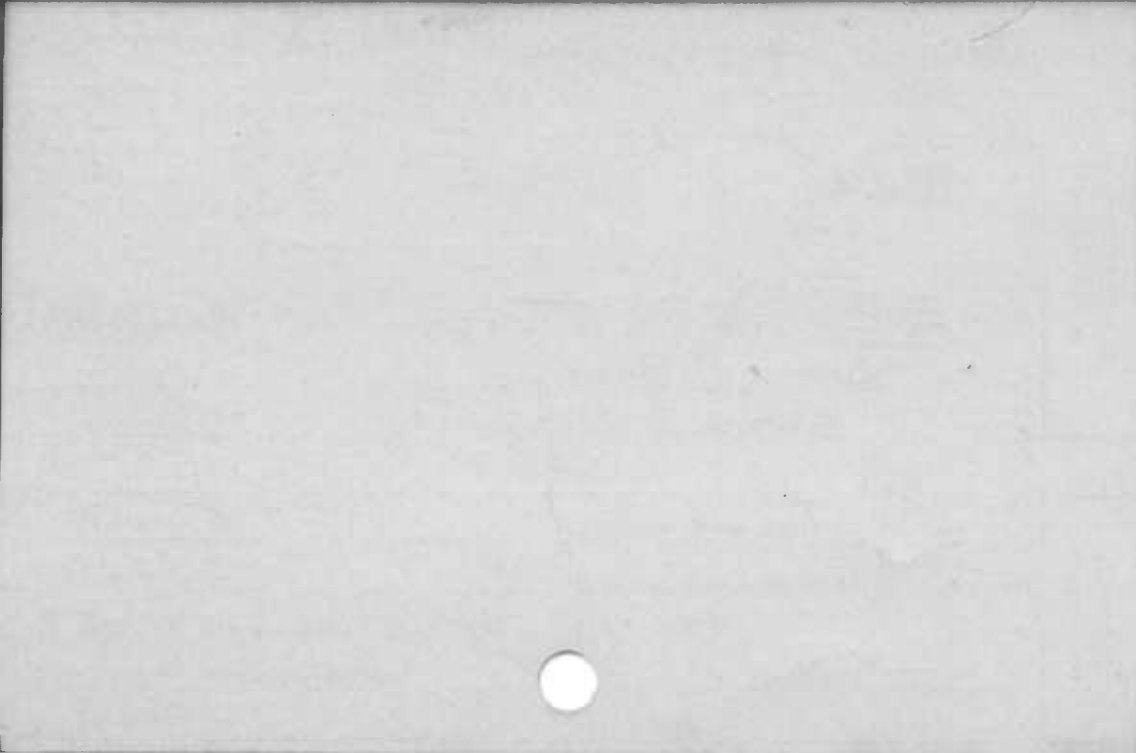
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bunkd</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	Apr	Day	17	Age	8 - 5
Sex	male		Color or Race	white		Birth-place	W. Va
Occupation	-			Where Residing if not at place of death -			
Married, Single or Widowed	-		Name of Wife or Husband -				
Father's Name	Lee Miller					Father's Birthplace	W. Va
Mother's Maiden Name	Katie Hoffman					Mother's Birthplace	Ohio
Name of person giving information	Katie Miller					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease, following Typhoid Fever		How long
Immediate	Brain Fever		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		<i>F L Baskdale M.D.</i>	
<i>Louis Stein;</i>		Address	<i>Bunkd</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunol</i>		Town <i>accugay</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>apr</i>	Day	<i>27</i>	Age	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Brunol</i>	Months	<i>1</i>
Occupation	<i>—</i>	Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>					
Father's Name	<i>E. Edwina Mitchell</i>					Father's Birthplace	<i>Brunol d</i>
Mother's Maiden Name	<i>Grace E. Hughes</i>					Mother's Birthplace	<i>11</i>
Name of person giving information	<i>Grace E. Mitchell</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>1 week</i>
Immediate	<i>Convulsions</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. H. Brown</i>
	<i>LOUIS STEIN,</i>	Address	<i>Accugay</i>
Accident or Suicide?	<i>no</i>		<i>and</i>



Name
in
Full

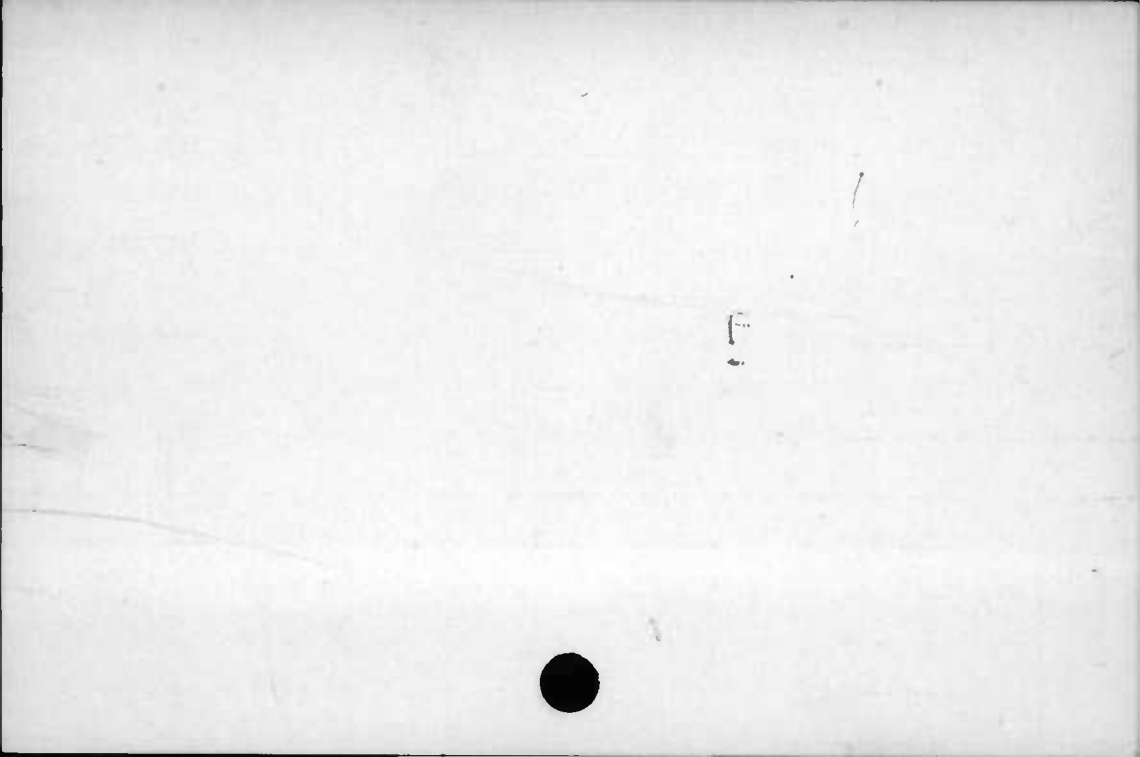
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Joseph Mullen</i>		Town <i>Chamberland</i>		County <i>Allegheny</i>		MARYLAND			
Died at		Date of death <i>1906</i>		Month <i>Apr.</i>	Day <i>19</i>	Age <i>37</i>	Years <i>8</i>	Months <i>11</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chamberland</i>					
Occupation <i>Tinner</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>							
Father's Name <i>-</i>		Father's Birthplace							
Mother's Maiden Name <i>Catherine Theresa Petrie</i>		Mother's Birthplace <i>Chamberland</i>							
Name of person giving information <i>Ambrose Mullen</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Consumption</i>	How long <i>2 yrs</i>
	Immediate <i>Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Geo L Carder</i>
		Address <i>Card Chamberland Md.</i>
Accident or Suicide? <i>LOUIS STEIN.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 190		6	Month	4	Day	10	Age	Years	Months	Days	2
Sex		female		Color or Race		white		Birth-place		Westernport	
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name		Frank Metz		Father's Birthplace							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving information		Frank Metz		(151)		How related to deceased		father			

CAUSES OF DEATH

Primary	Premature Birth	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		P. L. Hibbard	
Address		Piedmont W. Va.	
Accident or Suicide?			



Name
in
Full

Patrick O'Donnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtā</i>		Town		County		Allegany		MARYLAND	
Date of death <i>1906</i>		Month <i>apr.</i>		Day <i>19</i>		Age <i>—</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtā</i>		Where Residing if not at place of death <i>—</i>		Days <i>1 hour</i>	
Occupation <i>—</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Patrick O'Donnell. Sn</i>		Father's Birthplace <i>Ireland</i>		Mother's Maiden Name <i>Mrs Divine</i>		Mother's Birthplace <i>Ireland</i>		How related to deceased <i>Father</i>	
Name of person giving information <i>Patrick O'Donnell</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>		How long <i>3</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Dr. Jas. T. Johnson</i>	
		Address <i>Wm Cumberland Md.</i>	
Accident or Suicide? <i>LOUIS STEIN.</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Inf. R. L. Patterson		Town		County		MARYLAND	
Died at		Cumber		Allegany			
Date of death	1906	Month	Apr.	Day	13	Age	Years
							Months
							Days
Sex	Female		Color or Race	White		Birth-place	Cumber
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	R. L. Patterson					Father's Birthplace	Bedford Pa
Mother's Maiden Name	Mary C. Diggs					Mother's Birthplace	
Name of person giving information	R. L. Patterson					How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart affection

How long

Are the name, age, sex, color, date and place correctly given above?

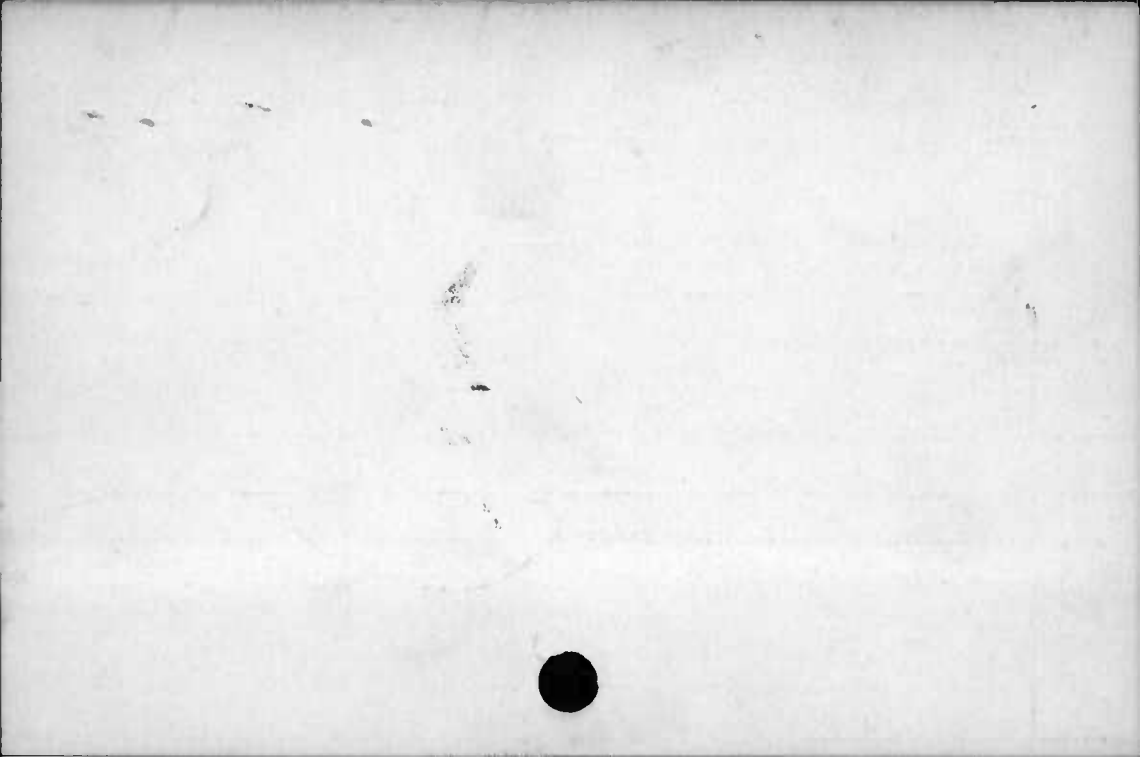
yes

Signature of Physician

Address

Thos. H. Korn.
Korn

Accident or Suicide? MISS STEIN.



Name
in
Full

John H Perry

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Cumtunda*Date
of death *1906*

Month

Apr

Day

28

Age

Years

84

Months

2

Days

23

Sex

*male*Color or
Race*white*Birth-
place*England*

Occupation

*retired Merchant*Where Residing if not
at place of death*-*Married, Single
or Widowed*Widower*Name of Wife or
Husband*-*Father's
Name*-*Father's
BirthplaceMother's
Maiden Name*-*Mother's
BirthplaceName of person giving
In formation*Henry Perry*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

Several years

Immediate

Exhaustion

How long

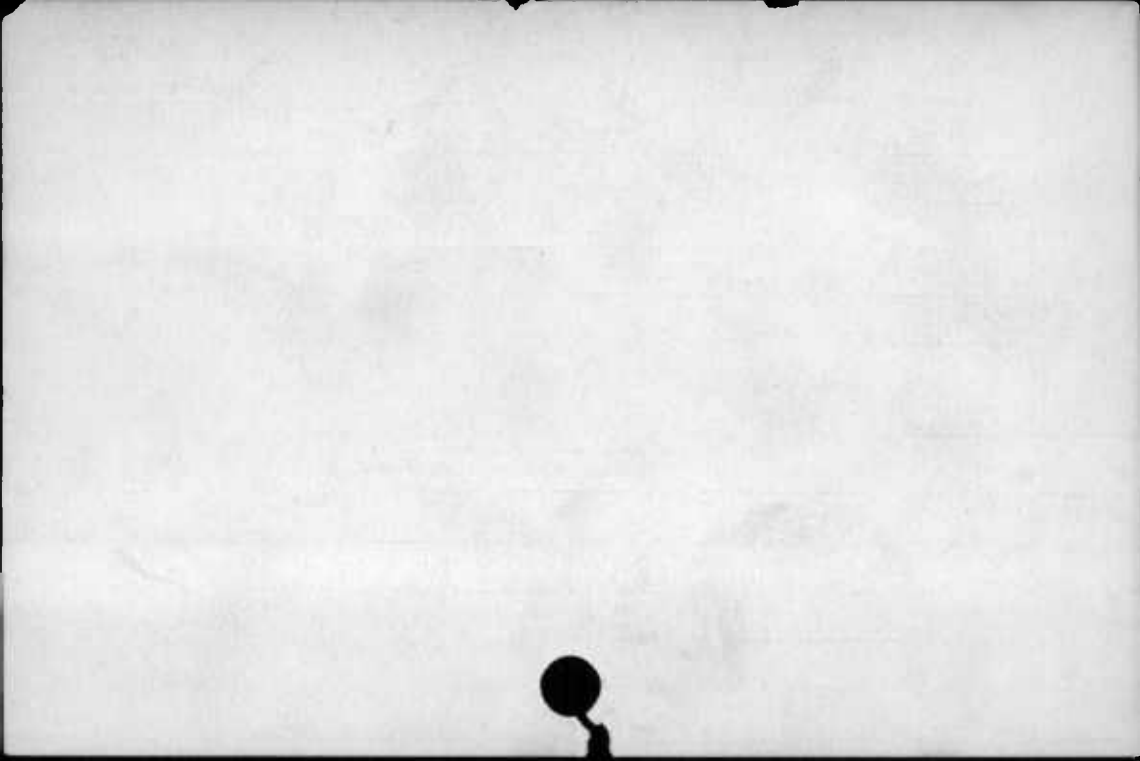
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. H. Jackson*

Address

Do England

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND		
Date of death <i>1906</i>	Month <i>4</i>	Day <i>24</i>	Age <i>42</i>	Years <i>42</i>	Months <i></i>	Days <i></i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Wd</i>			
Occupation <i>miner</i>	Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>					
Father's Name <i>Joseph Proctor</i>	Father's Birthplace <i>Wd</i>					
Mother's Maiden Name <i>Rachael Proctor</i>	Mother's Birthplace <i>Wd</i>					
Name of person giving information <i>Lucretia Bour</i>	How related to deceased <i>brother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Stomach</i>	How long <i>2 years</i>
Immediate <i></i>	How long <i>40</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Grier</i>
	Address <i>Frostburg Wd</i>
Accident or Suicide?	

7. 7. Co

Alley Can

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John M. Rank</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumld</i>		Town <i>Cumld</i>		Days	
Date of death	1906	Month <i>Apr.</i>	Day <i>5</i>	Age Years <i>50</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Cumld.</i>		
Occupation <i>Bricklayer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married.</i>	Name of Wife or Husband <i>Elizabeth Rank</i>				
Father's Name <i>_____</i>	Father's Birthplace				
Mother's Maiden Name <i>_____</i>	Mother's Birthplace				
Name of person giving in formation <i>Elizabeth Rank</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

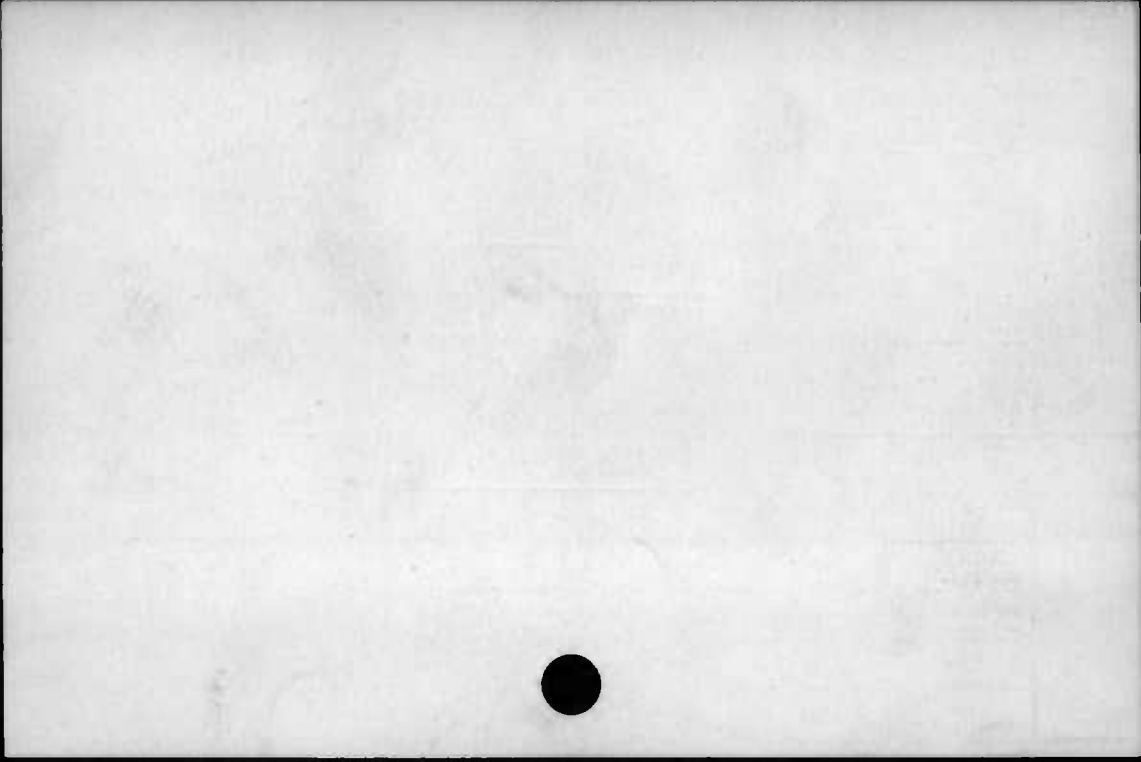
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Reed

Town

County

MARYLAND

Died at *Cumtola*

Date

Month

Day

Age

Years

Months

Days

of death 1906

*April**22**36*

Sex

*Female*Color or
Race*White*Birth-
place*Berkeley Spring W. Va.*

Occupation

*Wife*Where Residing If not
at place of deathMarried, Single
or Widowed*married*Name ~~of~~ or
Husband*Quintus Reed*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*Rebecca Snyder*Mother's
Birthplace*Hartington Co Ind.*Name of person giving
In formation*Quintus Reed*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Gallstones

How long

7 yrs.

Immediate

Acute Cholangitis

How long

*2 ds.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Dr. E. B. Claybrooke
Cumberland
Md.

Accident or Suicide?

LOUIS STEIN



Name
in
Full

CERTIFICATE OF DEATH

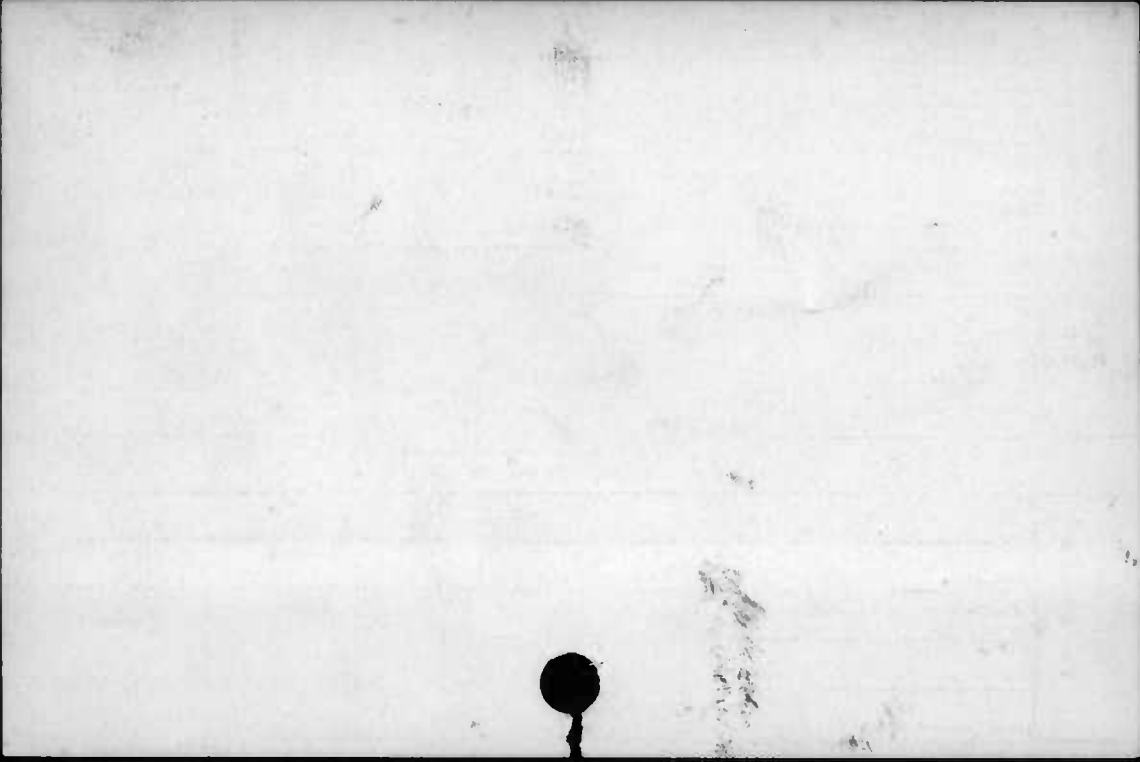
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Espey Jacob Ritter</i>				County <i>accugany</i>		State <i>MARYLAND</i>	
Died at <i>Cumba</i>		Town <i>Cumba</i>		County <i>accugany</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>april</i>	Day <i>13</i>	Age <i>3</i>	Years <i>3</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumba</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Jacob Ritter</i>				Father's Birthplace <i>Cumba</i>			
Mother's Maiden Name <i>Hollie Heeks.</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Hollie Ritter</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis Tubercular</i>		How long <i>3 weeks.</i>
Immediate " " " " " "		How long " " " " " "
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Hawkins</i>
Address <i>Cumba</i>		<i>md.</i>
Accident or Suicide? <i>LOUIS STAIN</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Rogers*
Town *Seneca*County *Allegheny*Date of death *1906 April 30*Age *23*Months *9* Days *13*Sex *male*Color or Race *white*Birth-place *Seneca*Occupation *miner*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Bernard Rodgers*Father's Birthplace *Ireland*Mother's Maiden Name *Mary Rodgers*Mother's Birthplace *Ireland*Name of person giving information *Mary Rodgers*How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Killed - Struck by locomotive*How long *not at all*Immediate *2 depressed fracture of skull*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *James O. Bulluck*Address *Seneca Mt. Pa.*Accident or Suicide? *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Taylor</i>		Town <i>Burnt</i>		County <i>Allegany</i>		MARYLAND	
Died at		Month <i>apr</i>		Day <i>27</i>		Age <i>72</i>	
Date of death <i>1906</i>		Month <i>apr</i>		Day <i>27</i>		Age <i>72</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Months <i>-</i>	
Occupation <i>Wife</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jeremiah</i>		Father's Birthplace <i>-</i>		Mother's Birthplace <i>-</i>	
Father's Name <i>-</i>		Mother's Maiden Name <i>-</i>		Name of person giving information <i>Jeremiah Taylor</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Embolism</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Harris</i>
LOUIS STEIN.	Address <i>Cumtland Maryland</i>
Accident or Suicide?	

B. Chlam

6 Sur. 1 Daghin -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Grisipe Valenzise.

Town

County

Died at

Date

of death 1906

Month

Day

Years

Months

Days

Age

about 40

Sex

Male

Color or
Race

White

Birth-
place

Italy

Occupation

Laborer at Auto Shop

Where Residing if not
at place of death

Cumberland

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

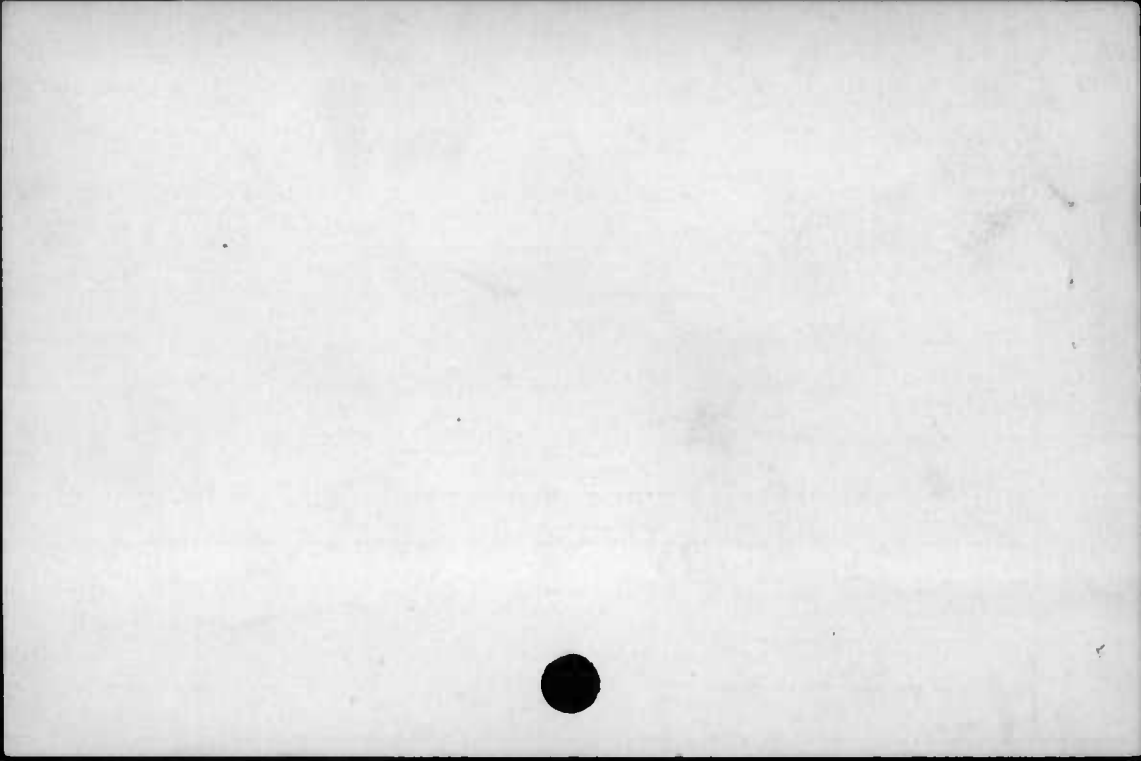
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

How long

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>hometown</u> <u>Town</u> <u>Allegheny</u> <u>County</u>		MARYLAND	
Date of death 1906 <u>4th</u>	Day <u>14</u>	Age <u>Years</u>	Months <u>Days</u>
Sex <u>Female</u>	Color or Race <u>Italian</u>	Birth-place <u>hometown, Md</u>	
Occupation <u></u>		Where Residing if not at place of death <u></u>	
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>		
Father's Name <u>Joseph Tign</u>	Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Leovilla Armona</u>	Mother's Birthplace <u>Italy</u>		
Name of person giving information <u>Jos. Tign</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Placenta previa</u>	How long <u>152</u>
Immediate <u>Apoplexy</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edwards Quaker</u>
	Address <u>Mt. St. Mary, Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James A Westbrooks</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtad</i>		Town <i>Cumtad</i>		County <i>Allegheny</i>	
Date of death	1906	Month <i>Apr.</i>	Day <i>5</i>	Age <i>84</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Huntington Pa</i>		Months <i>—</i>
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving In formation <i>Wm Westbrooks</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Embolism</i>	How long <i>4 weeks</i>
Immediate <i>Cerebral Softening</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. B. Leachman</i>
	Address <i>Highway 100</i>
Accident or Suicide?	



Name
in
Full

Sarah Whalley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunsd</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>apr</i>	Day <i>14</i>	Age <i>69</i>	Years <i>3</i>	Months <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Wife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>	Name of W or Husband <i>John C Whalley.</i>				
Father's Name <i>-</i>	Father's Birthplace				
Mother's Maiden Name <i>-</i>	Mother's Birthplace				
Name of person giving information <i>John C Whalley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Breasts</i>	How long <i>18 M.</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Barkdoll, M.D.</i>
<i>LOUIS STEIN.</i>	Address <i>Brunsd Md.</i>
Accident or Suicide?	



Name in Full Edward Winner		CERTIFICATE OF DEATH	
Died at Frothing ^{Town} Allegheny ^{County}		MARYLAND	
Date of death 1906	Month 4	Day 20	Age 48 Years Months Days
Sex Male	Color or Race White	Birthplace Frothing Md	
Occupation Miner	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Margaret Mulaney		
Father's Name Joseph Winner	Father's Birthplace Holland		
Mother's Maiden Name Cecilia Zacharias	Mother's Birthplace Saxony		
Name of person giving Information Chas. Winner	How related to deceased Son		
CAUSES OF DEATH			
Primary Grippe & pneumonia	How long Three wks. & 2 days		
Immediate Chest Failure	How long 1/2 hour		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. O. Cohen		
	Address Frothing Md		
Accident or Suicide? No			

79

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1906</i>		Month <i>Apr</i>	Day <i>12</i>	Age <i>60</i>	Years	Months <i>7</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>Street Superintendent</i>				Where Residing If not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or <i>H</i> <i>Margarette</i>						
Father's Name <i>-</i>		Father's Birthplace						
Mother's Maiden Name <i>-</i>		Mother's Birthplace						
Name of person giving information <i>George B Young</i>		<i>(64)</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J. J. Wilson</i>
<i>LOUIS STEIN</i>	Address <i>Cumtland Md</i>
Accident or Suicide?	

